


**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission 8

Application Number	09/837,752
Filing Date	April 17, 2001
First Named Inventor	James D. Bennett
Art Unit	2654
Examiner Name	David D. Knepper
Attorney Docket Number	P93-00-AC

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached - \$790.00 for Request for Continued Examination and \$1020.00 for Request for 3 Month Extension of Time <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Request For Continued Examination Under 37 C.F.R. §1.114 <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Ronald H. Spuhler, Reg. No. 52,245		
Date	December 24, 2004		

CERTIFICATE OF MAILING

I hereby certify that this is being deposited with the U.S. Post Office in an Express Mail envelope, tracking no. EF175835528US addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/24/2004.

Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245
Signature			Date 12/24/2004

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Effective on 12/08/2004

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)

Complete if Known

FEETRANSMITAL
for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 1810

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METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Charge Fee(s) indicated below | <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) | <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 |

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid(\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>
-20 or HP	x	=				
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>			
-3 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request For Reconsideration	790.00
Request For 3 Month Extension of Time	1020.00

SUBMITTED BY

Signature	Ronald Spuhler	Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8090
Name (print/type)	Ronald H. Spuhler		Date		12/24/2004